

MRSA/TUBERCULOSIS INVESTIGATION FORM/CHECKLIST

Checklist for employees who may have been exposed to infection of tuberculosis/MRSA.

The checklist must be completely filled in and returned to your department.

Name:	Personal id number 11 digits/date of birth:
Clinic/department/unit:	Position:
Adress (private):	Postal number and place/city:
Phone at work:	Private phone/mobile phone:
Date of employment : Permanent position <input type="checkbox"/> temporary position <input type="checkbox"/> visiting <input type="checkbox"/> student <input type="checkbox"/>	
Previous work at St. Olav's hospital, department/clinic and period:	

Tuberculosis:	
1. Have you been immunized with BCG against tuberculosis?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/>
2. Have you been exposed to tuberculosis at work or privately?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> If yes, test results from the follow-up must be enclosed.
3. Have you lived in countries with high occurrence of tuberculosis? (Countries outside Western Europe, USA, Canada, Australia, New Zealand and Japan).	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:..... Test results from tuberculosis testing <u>after</u> return to Norway must be enclosed.
4. Have you stayed at least 3 months during the last 3 years in countries with high occurrence of tuberculosis?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:..... Test results from tuberculosis testing <u>after</u> return to Norway must be enclosed.

MRSA (Methicillin-Resistant Staphylococcus Aureus):	
5. During the last 12 months, have you:	
Lived in the same household with a person who has been diagnosed with MRSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had close contact with people who have been diagnosed with MRSA, without using protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Worked in or been a patient in a health institution or had a ambulant examination/treatment in a health service in other countries than the Nordic countries (Norway, Sweden, Denmark, Finland and Iceland)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lived in an orphanage or a refugee camp outside the Nordic countries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stayed for more than 6 weeks continuously in countries other than the Nordic countries, and do you have clinical symptoms of a skin/wound infection, chronic skin disease or implanted medical material which penetrates skin or mucous membranes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you had a lab confirmed MRSA infection/contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes to any of the questions (except question number 1), test results from tuberculosis / MRSA testing must be enclosed this form/checklist. If you do not have documentation, take contact with the Department of Occupational Health and Environment (Arbeidsmiljøavdelingen) at St. Olav's Hospital.

For the employer:

Den som kvitterer for mottak/videresending, har ansvar for at skjemaet er fullstendig utfyllt og sendes til Arbeidsmiljøavdelingen, samt å påse at vedkommende tar kontakt med Arbeidsmiljøavdelingen ved behov for at prøver skal taes.

Kontakt Arbeidsmiljøavdelingen tlf **72 57 13 13** ved spørsmål eller prøvetaking dersom dette ikke er utført.

Employee
Date/signature

For avdelingen – mottak/videresending
Dato/underskrift